

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Northern District Of IllinoisCase number (if known): _____ Chapter 7☐ Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

12/15

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. **Debtor's name** CVM Companies LLC

2. **All other names debtor used in the last 8 years**

Include any assumed names, trade names and *doing business* as names

3. **Debtor's federal Employer Identification Number (EIN)** 3 8 - 3 8 9 3 6 6 1

4. **Debtor's address**

Principal place of business125 Tubeway Drive

Number Street

Carol Stream IL 60188
City State ZIP CodeDU PAGE

County

Mailing address, if different from principal place of business

Number Street

P.O. Box

City State ZIP Code

Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

5. **Debtor's website (URL)** www.championfan.com; www.vibramech.com

6. **Type of debtor**

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))☐ Partnership (excluding LLP)☐ Other. Specify: _____

Debtor CVM Companies LLC Case number (if known) _____
Name

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.naics.com/search/>.

3 3 3 4

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☒ Chapter 7
☐ Chapter 9
☐ Chapter 11. Check all that apply:
☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every 3 years after that).
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

☒ No

☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY
District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

☒ No

☐ Yes. Debtor _____ Relationship _____
District _____ When _____
MM / DD / YYYY
Case number, if known _____

List all cases. If more than 1, attach a separate list.

Debtor CVM Companies LLC Case number (if known) _____
Name

11. Why is the case filed in *this district*?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

- ☒ No
- ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other _____

Where is the property?

Number _____ Street _____

City _____ State _____ ZIP Code _____

Is the property insured?

- ☐ No
- ☐ Yes. Insurance agency _____
- Contact name _____
- Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

- | | | |
|---|--|--|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated assets

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor CVM Companies LLC Case number (if known) _____
Name

16. Estimated liabilities

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

- ☐ The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
- ☐ I have been authorized to file this petition on behalf of the debtor.
- ☐ I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 03/16/2016
MM / DD / YYYY

X

s/John Bergquist

Signature of authorized representative of debtor

John Bergquist

Printed name

Title _____

18. Signature of attorney

X

s/Bruce L. Wald

Signature of attorney for debtor

Date

03/16/2016

MM / DD / YYYY

Bruce L. Wald

Printed name

Tishler & Wald, Ltd.

Firm name

200 S. Wacker Drive, Suite 3000

Number Street

Chicago

City

IL

State

60606

ZIP Code

(312) 876-3800

Contact phone

bwald@tishlerwald.com

Email address

02919095

Bar number

IL

State

Fill in this information to identify the case:

Debtor name CVM Companies LLC
 United States Bankruptcy Court for the: Northern District of Illinois
 Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
---	--

2.1 Creditor's name <u>ASSN Company</u> Creditor's mailing address <u>P.O. Box 2576</u> <u>Springfield, Illinois 62708</u> Creditor's email address, if known _____ Date debt was incurred <u>2015</u> Last 4 digits of account number <u>5 9 3 1</u> Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority. <u>Wells Fargo Bank</u>	Describe debtor's property that is subject to a lien <u>Any and all assets of the debtor whether now owned or hereafter acquired or arising.</u> Describe the lien <u>Blanket lien on all assets</u> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$187,000.00</u>	<u>\$0.00</u>
2.2 Creditor's name <u>Wells Fargo Bank</u> Creditor's mailing address <u>1455 W. Lake Street</u> <u>Minneapolis, MN 55408</u> Creditor's email address, if known _____ Date debt was incurred <u>December, 2012</u> Last 4 digits of account number <u>2 2 1 8</u> Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <u>ASSN Company</u> <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien <u>See Attachment 1</u> Describe the lien <u>Blanket lien on all assets</u> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$1,750,000.00</u>	<u>\$200,000.00</u>
3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.		<u>\$1,937,000.00</u>	

page 2 of 2

Attachment
Debtor: CVM Companies LLC Case No:

Attachment 1

All inventory, chattel paper, accounts, equipment and general intangibles; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles, and other accounts proceeds).

Fill in this information to identify the case:

Debtor CVM Companies LLC

United States Bankruptcy Court for the: Northern District of Illinois

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
- ☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address

Illinois Department of Revenue
100 W. Randolph, James R. Thompson Center
Chicago, Illinois 60601-3274

Date or dates debt was incurred

2016

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is: \$589.52

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Taxes and Other Government Debts

Is the claim subject to offset?

- ☒ No
☐ Yes

Total claim

Priority amount

\$589.52\$589.52**2.2** Priority creditor's name and mailing address

Date or dates debt was incurred

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

As of the petition filing date, the claim is: \$ _____

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

2.3 Priority creditor's name and mailing address

Date or dates debt was incurred

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

As of the petition filing date, the claim is: \$ _____

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 4 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1 Nonpriority creditor's name and mailing address <u>Airgas USA LLC</u> <u>PO BOX 802576</u> <u>Chicago, IL 60680-2576</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Amount of claim: <u>\$ 14,040.27</u>
3.2 Nonpriority creditor's name and mailing address <u>Ally Auto</u> <u>P.O. Box 9001951</u> <u>Louisville], KY 40290-1951</u> Date or dates debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Amount of claim: <u>\$ 451.00</u>
3.3 Nonpriority creditor's name and mailing address <u>ANCO STEEL COMPANY INC</u> <u>6529 SOLUTION CENTER</u> <u>Chicago, IL 60677-6005</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Amount of claim: <u>\$ 9,085.91</u>
3.4 Nonpriority creditor's name and mailing address <u>APPLIED INDUSTRIAL TECHNOLOGIES INC</u> <u>22510 NETWORK PLACE</u> <u>Elk Grove, IL 60673-1225</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Amount of claim: <u>\$ 6,222.82</u>
3.5 Nonpriority creditor's name and mailing address <u>ARC Illinois</u> <u>1429 JEFFREY DR</u> <u>ADDISON, IL 60101</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Amount of claim: <u>\$ 514.76</u>
3.6 Nonpriority creditor's name and mailing address <u>ATS LOGISTICS SERVICES INC</u> <u>LBX7130 PO BOX 1450</u> <u>Minneapolis, MN 55485</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Amount of claim: <u>\$ 3,200.00</u>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.7	Nonpriority creditor's name and mailing address <u>AVALANCHE CO.</u> <u>424 Prospext</u> <u>Glen Ellyn, IL 60137</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 196.00
3.8	Nonpriority creditor's name and mailing address <u>B & B NETWORKS INC</u> <u>245 W ROOSEVELT RD BLDG 3 SUITE 17</u> <u>WEST CHICAGO, IL 60185</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 173.75
3.9	Nonpriority creditor's name and mailing address <u>Baldor Electric Company</u> <u>26827 NETWORK PLACE</u> <u>Chicago, IL 60673-1268</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 2,961.93
3.10	Nonpriority creditor's name and mailing address <u>BOWERS TRUCKING INC</u> <u>PO BOX 2428</u> <u>OROVILLE, CA 95965-2428</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 9,516.00
3.11	Nonpriority creditor's name and mailing address <u>BULLOCK LOGAN & ASSOC INC</u> <u>169 CROSSEN AVE</u> <u>Elk Grove, IL 60007</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 3,974.00

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.12	Nonpriority creditor's name and mailing address <u>BZ Bearing & Power</u> <u>8731 Orchard Dr,</u> <u>Hickory Hills, IL 60457</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>4,644.76</u>
3.13	Nonpriority creditor's name and mailing address <u>Central Steel & Wire Company</u> <u>P.O. Box 5100</u> <u>Chicago, IL 60680-5100</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>991.55</u>
3.14	Nonpriority creditor's name and mailing address <u>Chicago-Wilcox Mfg.</u> <u>PO BOX 126</u> <u>South Holland, IL 60473-2841</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>206.09</u>
3.15	Nonpriority creditor's name and mailing address <u>CINTAS CORPORATION #344</u> <u>#344 PO BOX 88005</u> <u>Chicago, IL 60680-1005</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>1,629.43</u>
3.16	Nonpriority creditor's name and mailing address <u>Comed - 125 Tubeway</u> <u>509 N Dearborn St</u> <u>Chicago , IL 60654</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>3,189.41</u>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.17	Nonpriority creditor's name and mailing address <u>ComEd - 804 Congress</u> <u>509 N Dearborn St</u> <u>Chicago, IL 60654</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 336.15
3.18	Nonpriority creditor's name and mailing address <u>Deublin Company</u> <u>2050 Norman Dr.</u> <u>Waukegan, IL 60085</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 244.85
3.19	Nonpriority creditor's name and mailing address <u>DF Fan Services</u> <u>495 Wenger Drive</u> <u>West Chicago, IL 60185</u> Date or dates debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 95.00
3.20	Nonpriority creditor's name and mailing address <u>Elite Air</u> <u>155 EASY ST</u> <u>CAROL STREAM, IL 60188</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 418.00
3.21	Nonpriority creditor's name and mailing address <u>Enterprise Leasing Company</u> <u>510 S Illinois Rte 59</u> <u>Naperville, IL 60540</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 254.06

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Amount of claim

3.22	Nonpriority creditor's name and mailing address <u>ESR Motor Systems</u> <u>648 E White Street</u> <u>Rock Hill, SC 29730, SC 29730</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>3,739.20</u>
3.23	Nonpriority creditor's name and mailing address <u>FAIRBROTHER & ASSOCIATES INC</u> <u>11001 FALLS RD</u> <u>LUTHERVILLE, MD 21903</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>3,226.50</u>
3.24	Nonpriority creditor's name and mailing address <u>Fastenal Company</u> <u>PO BOX 1286</u> <u>Winona, MN 55987-1286</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>112.18</u>
3.25	Nonpriority creditor's name and mailing address <u>FED EX FREIGHT</u> <u>500 ROSS STREET AIM 154-0455</u> <u>PITTSBURG, PA 15262</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>7,764.09</u>
3.26	Nonpriority creditor's name and mailing address <u>Federal Express</u> <u>PO BOX 94515</u> <u>PALATINE, Illinois 60094-4515</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>265.83</u>

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Amount of claim

3.27	Nonpriority creditor's name and mailing address <u>Finishes Unlimited</u> <u>PO BOX 69</u> <u>SUGAR GROVE, IL 60554-0069</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 359.00
3.28	Nonpriority creditor's name and mailing address <u>First Communications</u> <u>DEPT 781115 PO BOX 7800</u> <u>Detroit, MI 48278-1115</u> Date or dates debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 566.11
3.29	Nonpriority creditor's name and mailing address <u>Fox Valley Fire & Safety</u> <u>2730 PINNACLE DR</u> <u>ELGIN, IL 60124</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 277.00
3.30	Nonpriority creditor's name and mailing address <u>FreightQuote.com</u> <u>901 WEST CARONDELET DR</u> <u>KANSAS CITY, MO 64114</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 3,742.71
3.31	Nonpriority creditor's name and mailing address <u>GODING ELECTRIC CO</u> <u>686 E FULLERTON AVE</u> <u>GLENDALE HEIGHTS, IL 60139</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 12,533.91

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Amount of claim

3.32	Nonpriority creditor's name and mailing address <u>Grainger</u> <u>DEPT 840951396</u> <u>PALATINE, IL 60038-0001</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 260.93
3.33	Nonpriority creditor's name and mailing address <u>GRIMM METAL FABRICATORS INC</u> <u>1121 N GARFIELD ST</u> <u>LOMBARD, IL 60148</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 250.00
3.34	Nonpriority creditor's name and mailing address <u>Humana Specialty Benefits</u> <u>PO BOX 884</u> <u>CAROL STREAM, IL 60132-0884</u> Date or dates debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 300.69
3.35	Nonpriority creditor's name and mailing address <u>ILLINOIS BLOWER INC</u> <u>750 INDUSTRIAL DR</u> <u>CARY, IL 60013-1988</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 3,200.00
3.36	Nonpriority creditor's name and mailing address <u>ILLINOIS CRANE INC</u> <u>1621 W CHANUTE RD</u> <u>PEORIA, IL 61615</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 720.00

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Amount of claim

3.37	Nonpriority creditor's name and mailing address <u>IMBERT INTERNATIONAL, INC</u> <u>7030 N AUSTIN AVENUE</u> <u>NILES, IL 60714</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>5,142.99</u>
3.38	Nonpriority creditor's name and mailing address <u>IPC INTERNATIONAL PACKING & CRATING</u> <u>DEPT 4010 PO BOX 4653</u> <u>OAK BROOK, IL 60522</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>325.00</u>
3.39	Nonpriority creditor's name and mailing address <u>JIM ROBBINS & ASSOC</u> <u>PO BOX 4779</u> <u>CHATTANOOGA, TN 37405-0779</u> Date or dates debt was incurred <u>2015-2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>3,362.60</u>
3.40	Nonpriority creditor's name and mailing address <u>John Bergquist</u> <u>2131 Linneman St.</u> <u>Glenview, IL 60025</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Managing Member</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>754.18</u>
3.41	Nonpriority creditor's name and mailing address <u>JOHN R WILLIS INC</u> <u>11 WEST COLLEGE DRIVE SUITE F</u> <u>ARLINGTON HTS, IL 60004</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>1,602.72</u>

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Amount of claim

3.42	Nonpriority creditor's name and mailing address <u>KELLY INDUSTRIAL COATINGS INC</u> <u>803 CORPORATE CT</u> <u>WAUKESHA , WI 53189</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 3,338.36
3.43	Nonpriority creditor's name and mailing address <u>KENNAMETAL TRICON METALS</u> <u>PO BOX 654064</u> <u>DALLAS , TX 75265-4064</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,544.23
3.44	Nonpriority creditor's name and mailing address <u>KIFFER INDUSTRIES INC</u> <u>PO BOX 637111</u> <u>CINCINNATI , OH 45263-7111</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 652.51
3.45	Nonpriority creditor's name and mailing address <u>LAGRANGE CRANE SERVICE</u> <u>6180 RIVER RD</u> <u>HODGKINS, IL 60525</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 4,955.00
3.46	Nonpriority creditor's name and mailing address <u>LIEBOVICH STEEL & ALUMINUM CO</u> <u>2116 PRESTON ST</u> <u>ROCKFORD , IL 61102</u> Date or dates debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 2,344.08

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Amount of claim

3.47	Nonpriority creditor's name and mailing address <u>Lisa Fleischmann</u> <u>277 EDGEWATER DRIVE</u> <u>Bloomington, IL 60108</u> Date or dates debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Accountant</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 197.03
3.48	Nonpriority creditor's name and mailing address <u>M & R MACHINE & TOOL INC</u> <u>257 LANGTON LN</u> <u>BLOOMINGDALE , il 60108</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 116.69
3.49	Nonpriority creditor's name and mailing address <u>MASTERDRIVE INC</u> <u>PO BOX 157</u> <u>FORT ATKINSON , WI 53538</u> Date or dates debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 331.01
3.50	Nonpriority creditor's name and mailing address <u>MATT'S REPAIR INC</u> <u>9412 W 181ST AVE</u> <u>LOWELL , IN 46356</u> Date or dates debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 775.98
3.51	Nonpriority creditor's name and mailing address <u>MCMaster-CARR SUPPLY CO</u> <u>PO BOX 7690</u> <u>CHICAGO , IL 60680-7690</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 2,331.02

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Amount of claim

3.52	Nonpriority creditor's name and mailing address METAL SPINNERS INC PO BOX 75668 CLEVELAND , OH 44101-4475 Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 5,242.23
3.53	Nonpriority creditor's name and mailing address Michael Orseno and Joe Orseno Orseno Properties LLC 1200 Cactus Trail Carol Stream, IL 60188 Date or dates debt was incurred <u>2012</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 200,000.00
3.54	Nonpriority creditor's name and mailing address MILLS-WINFIELD ENGINEERING SALES 2002 BLOOMINGDALE RD GLENDALE HEIGHTS , IL 60139 Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 794.01
3.55	Nonpriority creditor's name and mailing address MK Systems, Inc. 1455 Brummel Ave Elk Grove Village, IL 60007 Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 4,768.04
3.56	Nonpriority creditor's name and mailing address MUCK ENGINEERING INC 9972 PACIFIC AVE FRANKLIN PK , IL 60131 Date or dates debt was incurred <u>2015-2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 51,341.50

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Amount of claim

3.57	Nonpriority creditor's name and mailing address <u>NAPCO STEEL, INC</u> <u>1800 ARTHUR DRIVE</u> <u>WEST CHICAGO, IL 60185</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 3,825.35
3.58	Nonpriority creditor's name and mailing address <u>NICOR GAS</u> <u>PO BOX 5407</u> <u>CAROL STREAM, IL 60197-5407</u> Date or dates debt was incurred <u>2015 -2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 5,514.73
3.59	Nonpriority creditor's name and mailing address <u>OVERLY HAUTZ</u> <u>PO BOX 837</u> <u>LEBANON, OH 45036</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 507.00
3.60	Nonpriority creditor's name and mailing address <u>PA CRIMSON FIRE RISK SERVICES</u> <u>920 N. Ridge Avenue - Unit C-7</u> <u>Lombard, IL 60148</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 52.04
3.61	Nonpriority creditor's name and mailing address <u>PCB PIEZOTRONICS</u> <u>3425 WALDEN AVE</u> <u>DEPEW, NY 14043-2495</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 2,200.31

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Amount of claim

3.62	Nonpriority creditor's name and mailing address <u>PROQUIP, INC.</u> <u>418 SHAWMUT AVE. LA GRANGE, IL 60525</u> <u>LA GRANGE, IL 60525</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,701.59
3.63	Nonpriority creditor's name and mailing address <u>RADIAC ABRASIVES INC</u> <u>3037 MOMENTUM PLACE</u> <u>CHICAGO, IL 60689-5330</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 556.50
3.64	Nonpriority creditor's name and mailing address <u>RBI BEARING INC</u> <u>13450 BROOKS DR UNIT B</u> <u>BALDWIN PARK, CA 91706</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 306.23
3.65	Nonpriority creditor's name and mailing address <u>RELIANT LAWN SERVICE INC</u> <u>PO BOX 5953</u> <u>ELGIN, IL 60121</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,072.50
3.66	Nonpriority creditor's name and mailing address <u>REPUBLIC SERVICES #933</u> <u>PO 9001154</u> <u>LOUISVILLE, KY 40290-1154</u> Date or dates debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 253.12

Part 2: Additional Page

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Amount of claim

3.67	Nonpriority creditor's name and mailing address <u>REXNORD INDUSTRIES LLC - IL</u> <u>JPMORGAN PO BOX 93944</u> <u>CHICAGO , IL 60673</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>7,091.25</u>
3.68	Nonpriority creditor's name and mailing address <u>RJ KECK PIPE & SUPPLY CO</u> <u>2125 AUCUTT RD</u> <u>MONTGOMERY , IL 60538</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>225.20</u>
3.69	Nonpriority creditor's name and mailing address <u>Rolled Alloys</u> <u>PO Box 67000 Dept 33901</u> <u>Detroit, Mi 48267-0339</u> Date or dates debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>16,583.64</u>
3.70	Nonpriority creditor's name and mailing address <u>ROSE INDUSTRIAL PRODUCTS</u> <u>520 BONNIE LN</u> <u>ELK GROVE VILLAGE, IL 60007</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>429.69</u>
3.71	Nonpriority creditor's name and mailing address <u>SAFETY SUPPLY ILLINOIS</u> <u>1055 KINGSLAND DRIVE</u> <u>BATAVIA , IL 60510</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>90.87</u>

Part 2: Additional Page

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Amount of claim

3.72	Nonpriority creditor's name and mailing address <u>SAFETY-KLEEN</u> <u>2600 N CENTRAL EXPRESSWAY SUITE 400</u> <u>RICHARDSON , TX 75080</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>682.70</u>
3.73	Nonpriority creditor's name and mailing address <u>SCHENCK TREBEL CORPORATION</u> <u>1846 RELIABLE PARKWAY</u> <u>CHICAGO , IL 60686-0018</u> Date or dates debt was incurred <u>2014 - 2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>9,495.95</u>
3.74	Nonpriority creditor's name and mailing address <u>SCHWAN MOTOR CO</u> <u>5292 N Northwest Hwy</u> <u>Chicago, IL 60630</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>5,100.00</u>
3.75	Nonpriority creditor's name and mailing address <u>SKF USA INC.</u> <u>DEPT 2807</u> <u>CAROL STREAM , il 60132-2807</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>1,946.07</u>
3.76	Nonpriority creditor's name and mailing address <u>STANDARD FORWARDING LLC</u> <u>62820 COLLECTION CENTER DR</u> <u>CHICAGO , IL 60693-0628</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>203.83</u>

Part 2: Additional Page

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Amount of claim

3.77	Nonpriority creditor's name and mailing address STAUB ANDERSON GREEN 55 W MONROE ST SUITE 1925 CHICAGO , IL 60603-5079 Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Legal Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,472.00
3.78	Nonpriority creditor's name and mailing address SUPERB JANITORIAL SERVICE INC PO BOX 87994 CAROL STREAM , IL 60188-7994 Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 176.00
3.79	Nonpriority creditor's name and mailing address TECH INDUSTRIAL SALES 1303 N GRIFFIN ST. DANVILLE, IL 61832 Date or dates debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,450.08
3.80	Nonpriority creditor's name and mailing address THE STANDARD COMPANIES 2601 SOUTH ARCHER AVE CHICAGO , IL 60608-5913 Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 132.26
3.81	Nonpriority creditor's name and mailing address THE STEEL SUPPLY COMPANY 5105 Newport Drive Rolling Meadows, il 60008 Date or dates debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 2,063.95

Part 2: Additional Page

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Amount of claim

3.82	Nonpriority creditor's name and mailing address <u>TOP SPOT INTERNET MARKETING</u> <u>5120 WOODWAY DR SUITE 10025</u> <u>HOUSTON, TX 77056</u> Date or dates debt was incurred <u>2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>5,707.50</u>
3.83	Nonpriority creditor's name and mailing address <u>TRANE U.S. INC</u> <u>PO BOX 98167</u> <u>CHICAGO , IL 60693</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>285.40</u>
3.84	Nonpriority creditor's name and mailing address <u>TYCO INTEGRATED SECURITY LLC</u> <u>PO BOX 371967</u> <u>PITTSBURGH, PA 15250-7967</u> Date or dates debt was incurred <u>2015 - 2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>1,182.00</u>
3.85	Nonpriority creditor's name and mailing address <u>UNITED HEALTHCARE</u> <u>DEPT CH 1051</u> <u>PALATINE , IL 60055-0151</u> Date or dates debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>684.76</u>
3.86	Nonpriority creditor's name and mailing address <u>UNIVERSAL ACOUSTIC & EMISSION TECH INC</u> <u>PO BOX 411</u> <u>STOUGHTON , WI 53589</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>1,115.24</u>

Part 2: Additional Page

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Amount of claim

3.87	Nonpriority creditor's name and mailing address <u>VENTFABRICS INC</u> <u>5520 NORTH LYNCH</u> <u>CHICAGO , IL 60630-1483</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 218.46
3.88	Nonpriority creditor's name and mailing address <u>VIBRATION ELIMINATOR CO INC</u> <u>15 DIXON AVE</u> <u>COPIAGUE , NY 11726</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 551.20
3.89	Nonpriority creditor's name and mailing address <u>WEG ELECTRIC CORPORATION MAIL CODE 5606</u> <u>PO BOX 105046</u> <u>ATLANTA , GA 30348-5046</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 17,747.25
3.90	Nonpriority creditor's name and mailing address <u>WELDSTAR COMPANY</u> <u>1750 MITCHELL ROAD</u> <u>AURORA, IL 60505</u> Date or dates debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,038.56
3.91	Nonpriority creditor's name and mailing address <u>WENZEL METAL SPINNERS INC</u> <u>PO BOX 638510</u> <u>CINCINNATI , OH 45263-8510</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 8,363.31

Part 3:**List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.2. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.3. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.5. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.6. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.7. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.8. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.9. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.10. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.11. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.12. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _

Part 4:**Total Amounts of the Priority and Nonpriority Unsecured Claims****5. Add the amounts of priority and nonpriority unsecured claims.****Total of claim amounts**5a. **Total claims from Part 1**5a. \$ 589.525b. **Total claims from Part 2**5b. + \$ 489,609.615c. **Total of Parts 1 and 2**

Lines 5a + 5b = 5c.

5c. \$ 490,199.13